PTO/SB/122 (01-06)

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CHANGE OF CORRESPONDENCE ADDRESS Application	Application Number	10/773,615
	SS Filing Date	02/06/2004
	First Named Inventor	
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Commissioner for Patents P.O. Box 1450	Examiner Name	
Alexandria, VA 22313-1450	Attorney Docket Number	678-1234
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	Applicant/Inventor					
	Assignee of record of the entire interest. Statement under 37 CFR 3,73(b) is enclosed. (Form PTO/SB/96).					
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Signature	Vand Har 1	,00				
Typed or Printed Name	Wall S. Lafell Force	4				
Date 01/09/20			Telephone	(516) 228-356		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						

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